

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AS		5/1/94
O.I.P.E. CLASSIFIER		25	05/05/93
FORMALITY REVIEW		71471	5/12

INDEX OF CLAIMS

✓ Rejected
 " Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	1	1	01/14/94
2	2	2	02/14/94
3	3	3	03/10/94
4	4	4	03/14/94
5	5	5	03/14/94
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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150	150	150	

If more than 150 claims or 10 actions
 staple additional sheet (BEST AVAILABLE COPY)

(LEFT INSIDE)